

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.

Cert. #: 82-F-0002 Cust. #: 1203

FORM APPROVED  
OMB NO. 0578-0038

ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA include Zip Code)

USDA-Agricultural Research Service  
U. S. Sheep Experiment Station  
HC 62 Box 2010  
Dubois, ID 83423

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS (Sites)

U. S. Sheep Experiment Station Headquarters, Dubois, ID

Reynolds Creek Experimental Watershed, Boise, ID

River Bend Ranch, Spencer, ID

U. S. Sheep Exp. Station Summer Range, Centennial Mountains, MT

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain- relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used	E. Number of animals upon which teaching experiments, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in those animals and the reasons such drugs were not used must be attached to this report)	F. TOTAL NO OF ANIMALS  (Cols. C + D + E)
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep	1,392	3,876	128		3,804
11. Pigs					
12. Other Farm Animals					
Cattle		30			30
13 Other Animals					

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL

(Chief Executive Officer or Legally Responsible Institutional Official)  
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

SIGNATURE OF CEO OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF CEO OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

G. S. Lewis, Research Unit Leader and CEO

11-04-2005

This report is required by law (7 USC 2143). Failure to report according to the regulations can result in an order to cease and desist and to be subject to penalties as provided for in Section 2150.

See reverse side for additional information.

Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.  
82-R-0001

CUSTOMER NO.  
1078

FORM APPROVED  
OMB NO. 0579-0036

# ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

IDAHO STATE UNIVERSITY  
BOX 8007  
POCATELLO, ID 83209

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

## FACILITY LOCATIONS(sites)

IDAHO STATE UNIVERSITY  
POCATELLO, ID 83209

## REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain- relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report)	F. TOTAL NO. OF ANIMALS  (Cols. C + D + E)
4. Dogs			25		25
5. Cats			6		6
6. Guinea Pigs					
7. Hamsters					
8. Rabbits		12			12
9. Non-Human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
Wood Rat		109			109
Mink			32		32

## ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all the exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

## CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL

(Chief Executive Officer or Legally Responsible Institutional official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

Larry Ford

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

Lawrence Ford, PhD Interim Chief Research Officer

DATE SIGNED

11/28/2005

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 82-R-0002  
CUSTOMER NUMBER: 1079

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )

Regents Of The Univ. Of Idaho  
University Of Idaho  
P.O. Box 443010  
Moscow, ID 83844

Telephone: (208) -885-8958

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reason such drugs were not used must be attached to this report )	F. TOTAL NUMBER OF ANIMALS ( COLUMNS C + D + E )
4. Dogs					- 0 -
5. Cats					- 0 -
6. Guinea Pigs					- 0 -
7. Hamsters					- 0 -
8. Rabbits		2			2
9. Non-human Primates					- 0 -
10. Sheep					- 0 -
11. Pigs					- 0 -
12. Other Farm Animals					
13. Other Animals					

ASSURANCE STATEMENTS

- Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- Each principal investigator has considered alternatives to painful procedures.
- This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )

DATE SIGNED

Charles R. Hatch, VP for Research

11/22/05

FORM APPROVED  
OMB NO. 0579-0036

Regents Of The Univ. Of Idaho  
University Of Idaho  
P.O. Box 443010  
Moscow, Idaho 83844-3010

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.  
82-R-0008

CUSTOMER NO.  
1692

FORM APPROVED  
OMB NO. 0579-0036

## ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

COLLEGE OF SOUTHERN IDAHO  
P. O. BOX 1238/315 FALLS AVE.  
TWIN FALLS, ID 83303

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

### FACILITY LOCATIONS(sites)

DEPT. OF AGRIC.  
TWIN FALLS, ID 83301

### REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain- relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report)	F. TOTAL NO. OF ANIMALS  (Cols. C + D + E)
4. Dogs		6	12		18
5. Cats		3	12		15
6. Guinea Pigs					
7. Hamsters					
8. Rabbits		2	2		4
9. Non-Human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
Horses		3	9		12
13. Other Animals					

### ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
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### CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

Terry Patterson

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

Department Chair

DATE SIGNED

11/29/2005

FORM APPROVED  
OMB NO. 0579-0036

COLLEGE OF SOUTHERN IDAHO  
P. O. BOX 1238/315 FALLS AVE.  
TWIN FALLS, ID 83303

[illegible]

## ASSURANCE STATEMENTS

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I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

DATE SIGNED

11/29/2005